

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Kelly Ann Mohr, et al. :  
: Art Unit: 3737  
Serial No.: 10/722,973 :  
: Examiner: Kish, James M.  
Filed: November 26, 2003 :  
:  
For: CARDIAC DISPLAY METHODS :  
AND APPARATUS

**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:  
Amendment (14)

**STATUS**

2. Applicant  
☐ claims small entity status.  
☒ is other than a small entity.

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 120.00	\$ 60.00
_____ second month	\$ 460.00	\$ 230.00
_____ third month	\$ 1,050.00	\$ 525.00
_____ fourth month	\$ 1,640.00	\$ 820.00
_____ fifth month	\$ 2,230.00	\$1,115.00

Fee: \_\_\_\_\_ \$

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

\_\_\_\_\_ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

- (b) \_\_\_\_\_ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL INDEP.		MINUS		=	x \$25.00 = \$		x \$50.00 = \$
		MINUS		=	x \$105.00 = \$		x \$210.00 = \$
—	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$185.00 = \$		+ \$370.00 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

**OR**

- (b) ☐ Total additional fee for claims required \$ \_\_\_\_\_

### FEE PAYMENT

5. Attached is a check in the sum of \$\_\_\_\_\_
- ☐ Charge Deposit Account No. 01-2384 the sum of \$\_\_\_\_\_.  
A duplicate of this transmittal is attached.

### FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:

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